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- '		gn (+) inside this box				$\stackrel{\sim}{-}$	
	UT	ILITY	Attorney Docket	No.	CRD-0938		
بب	PATENT AP	PLICATION	First Inventor		Luis A. Davila et al.	=	
1031		SMITTAL	Title		IMPROVED RADIOPACITY INTRALUMINAL MEDICAL DEVICE	39 PTO	
U.S	only for new nonprovisional 1 53(applications under 37 CFR	Express Mail Lat		EL327260285US	847	
	APPLICATION			ADD	RESS TO: Commissioner for Patents	200	
(P)	e MPEP Chapter 600 contents.	oncerning utility patent app	lication	Box Patent Application Washington, DC 20231			
See Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing) Applicant claims small entity status. Specification [Total Pages 30] (Preferred arrangement set forth below) Descriptive Title of the Invention			7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. ☐ Computer Readable Form (CRF) b. ☐ Specification Sequence Listing on: i. ☐ CD-ROM or CD-R (2 copies); or ii. ☐ paper computer Readable Form (CRF) ACCOMPANYING APPLICATION PARTS 9. ☐ Assignment Papers (cover sheet & document(s)) 10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney (when there is an assignee) 11. ☐ English Translation Document (if applicable) 12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations 13. ☐ Preliminary Amendment 14. ☐ Return Receipt Postcard (MPEP 503) (Should be specificably itemized) 15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. ☐ Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
6	see 37 CFR 1.63(d)(2) and 1.33(b).						
TE PI	6.						
Г		19. (CORRESPOND	DENCE	ADDRESS		
Customer Number or Bar Code Label 000027777 or Correspondence Address below							
Name: Philip S. Johnson, Esq.							
۱^	Address: Johnson & Johnson One Johnson & Johnson Plaza						
1	New Brunswick, NJ 08933-7003 USA						
	20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Carl J. Evens at:						
L	Telephone: (732) 524-2518 Fax: (732) 524-2808 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
Į.		<i>IGNATURE OF AP</i> Carl J. Evens	PLICANT, AT	IURI	Reg. No. 33874		
Г	IAME	Carl J. Evens	Row-		Neg. No. 55014	_	
	IGNATURE	June 19, 2001					
1 4	ATE	June 19, 2001					

FEE TRANSMITTAL

Complete if Known			
Application Number	To Be Determined		
Filing Date	June 19, 2001		
First Named Inventor	Luis A. Davila et al.		
Group Art Unit			
Examiner Name			
Attorney Docket Number	CRD-0938		

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)		(3)	(4)	(5)
FOR:	NUMBER	FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	31 - 20 =		11	x 18.00	\$ 198.00
INDEPENDENT CLAIMS	4 - 3 =		1	× 80.00	\$ 80.00
MULTIPLE DEPENDENT CLAIMS			N/A	\$270.00	
				TOTAL FEES	\$ 988.00

METHOD OF PAYMENT

- ☑ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/CRD-0938/CJE. Three copies of this sheet are enclosed.

SUBMITTED B	Complete (if applicable)		
Typed or			
Printed Name	Carl J. Evens		Reg. No. 33,874
	////		Deposit Account
Signature	With	Date: 6/19/01	No. 10-0750

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Luis A. Davila, Jorge Orlando Mendez,

Alan R. Pelton, Karl K. Scheidt, Willian D. Shaw, Jr., James Silver Christine Trepanier and David J. Wilson

For : IMPROVED RADIOPACITY INTRALUMINAL MEDICAL DEVICE

Express Mail Certificate

"Express Mail" mailing number: EL327260285US

Date of Deposit:

June 19, 2001

I hereby certify that this complete utility patent application and fee transmittal sheet, including specification pages, claims, formal drawings, and executed Declaration and Power of Attorney, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Karen Hall-Morgan

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)